

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 12/03)

|  |  |  |  |   |                            |
|--|--|--|--|---|----------------------------|
| 1. CIR./DIST./ DIV. CODE<br>0312   |  | 2. PERSON REPRESENTED<br>TERRENCE BARKSDALE  |  | VOUCHER NUMBER  |                            |
| 3. MAG. DKT./DEF. NUMBER   |  | 4. DIST. DKT./DEF. NUMBER<br>CR08-291-01(MLC)  |  | 5. APPEALS DKT./DEF. NUMBER   |                            |
| 7. IN CASE/MATTER OF (Case Name)<br>USA V. TERRENCE BARKSDALE  |  | 8. PAYMENT CATEGORY<br><input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense<br><input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other<br><input type="checkbox"/> Appeal |  | 9. TYPE PERSON REPRESENTED<br><input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant<br><input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee<br><input type="checkbox"/> Other |                            |
| 10. REPRESENTATION TYPE<br>(See Instructions)<br>CC  |  |  |  |   |                            |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i><br><br>18:922(G)(1) UNLAWFUL TRANSPORT OF FIREARMS (7/13/07) |  |  |  |   |                            |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS<br><br>WANDA M. AKIN<br>ONE GATEWAY CENTER<br>SUITE 2600<br>NEWARK, NJ 07102<br><br>Telephone (973) 623-6834                          |  |  | 13. COURT ORDER<br><input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel<br><input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney<br><input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel<br><br>Prior Attorney's Appointment 5/12/08-6/18/08<br><input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR<br>Signature of Presiding Judge or By Order of the Court<br>6/18/08<br>Date of Order      Nunc Pro Tunc Date<br>Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input type="checkbox"/> NO |   |                            |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per   |  |  |  |   |                            |
| CLAIMED FOR SERVICES AND EXPENSES  |  |  |  |   |                            |
| CATEGORIES (Attach itemization of services with dates)   |  | HOURS CLAIMED  | TOTAL AMOUNT CLAIMED   | MATH/TECH. ADJUSTED HOURS   | MATH/TECH. ADJUSTED AMOUNT |
| In Court   | a. Arraignment and/or Plea                                     |  |  |   |                            |
|  | b. Bail and Detention Hearings                                 |  |  |   |                            |
|  | c. Motion Hearings   |  |  |   |                            |
|  | d. Trial   |  |  |   |                            |
|  | e. Sentencing Hearings   |  |  |   |                            |
|  | f. Revocation Hearings   |  |  |   |                            |
|  | g. Appeals Court   |  |  |   |                            |
|  | h. Other (Specify on additional sheets)                        |  |  |   |                            |
| (RATE PER HOUR = \$ ) TOTALS:  |  |  |  |   |                            |
| Out of Court   | a. Interviews and Conferences                                  |  |  |   |                            |
|  | b. Obtaining and reviewing records                             |  |  |   |                            |
|  | c. Legal research and brief writing                            |  |  |   |                            |
|  | d. Travel time   |  |  |   |                            |
|  | e. Investigative and other work (Specify on additional sheets) |  |  |   |                            |
| (RATE PER HOUR = \$ ) TOTALS:  |  |  |  |   |                            |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.)   |  |  |  |   |                            |
| 18. Other Expenses (other than expert, transcripts, etc.)  |  |  |  |   |                            |
| GRAND TOTALS (Grand Total Amount Due)  |  |  |  |   |                            |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE<br>FROM: TO:   |  |  | 20. APPOINTMENT TERMINATION DATE<br>IF OTHER THAN CASE COMPLETION  |   | 21. CASE DISPOSITION       |
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment  |  |  |  |   |                            |